

AGRICULTURAL EMPLOYER'S REPORT FOR 2004

Required to determine your employer status under the Wisconsin Unemployment Insurance Act, (CHAPTER 108, WIS. STATS.) COMPLETE AND RETURN THIS REPORT WITHIN 10 DAYS UNLESS INSTRUCTED OTHERWISE.

UI ACCOUNT NUMBER

Complete 1-5 if different from address at left, then go to #6:

| | | | | | | | | | | | |
|--|-------|----------|--|--|--|--|--|--|--|--|--|
| 1. Legal Name | | | | | | | | | | | |
| 2. Trade Name (D/B/A) | | | | | | | | | | | |
| 3. Mailing Address c/o (If required for correct delivery) | | | | | | | | | | | |
| 4. Street or P.O. Box | | | | | | | | | | | |
| 5. City | State | Zip Code | | | | | | | | | |
| 6. Federal Identification Number (9 digits) | | | | | | | | | | | |
| <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | |
| | | | | | | | | | | | |
| 7. Person To Contact For Additional Information: | | | | | | | | | | | |
| Name | | | | | | | | | | | |
| Telephone Number | | | | | | | | | | | |
| () | | | | | | | | | | | |
| 14. Do you continue to have paid agricultural employees working in Wisconsin? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | |
| If no, give date of last employment: _____ | | | | | | | | | | | |
| Are you presently out of business? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | |
| Did you sell or transfer your business? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | |
| If you sold or transferred your operation, provide: | | | | | | | | | | | |
| Date you sold or transferred your operation (mo./day/yr.) | | | | | | | | | | | |
| Legal name of new owner you sold or transferred to | | | | | | | | | | | |
| Street Address or P.O. Box of new owner | | | | | | | | | | | |
| City | State | Zip Code | | | | | | | | | |
| 15. Do you currently have any business activity covered under the Wisconsin U.I. Law? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | |
| If yes, provide: | | | | | | | | | | | |
| Business Name | | | | | | | | | | | |
| UI Account Number | | | | | | | | | | | |
| 16. Do you ever have 10 agricultural employees working for you on the same day? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | |
| Do you ever pay \$20,000 in cash wages for agricultural labor in a single calendar quarter? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | |
| COMPLETE REVERSE SIDE OF THIS REPORT ONLY IF YOU ANSWERED YES TO EITHER QUESTION IN 16 | | | | | | | | | | | |

| | |
|--|-------------------|
| Send to: Department of Workforce Development Division of Unemployment Insurance P.O. Box 7942 Madison, Wisconsin 53707-7942 Telephone: (608) 261-6700 FAX: (608) 267-1400 | |
| 8. Check Type of Ownership: | |
| <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company | |
| <input type="checkbox"/> Other (Estate, Trust, Receivership)-Identify: | |
| _____ | |
| 9. Provide Name(s) and Social Security Number(s) of Individual; Partners; or Corporate Officers (Include Middle Initial): | |
| Name(s) | S.S. No.(s) |
| | |
| 10. Briefly describe type of agricultural operation: | |
| | |
| 11. Identify the TOWN and COUNTY in Wisconsin where your agricultural operation is located: | |
| | |
| 12. Date you first had agricultural employees in Wisconsin: | |
| | |
| 13. Did you acquire all or part of an already established agricultural business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide: | |
| Date of Acquisition (mo./day/yr.): | |
| Legal Name of Prior Owner | UI Account Number |
| Current Address of Prior Owner | |
| City | State Zip Code |

| WK# | WEEK ENDING | (1) | (2) | (3) | (4) |
|-----|-------------|-----|-----|-----|-----|
| 1 | JAN 3 | | | | |
| 2 | 10 | | | | |
| 3 | 17 | | | | |
| 4 | 24 | | | | |
| 5 | 31 | | | | |
| 6 | FEB 7 | | | | |
| 7 | 14 | | | | |
| 8 | 21 | | | | |
| 9 | 28 | | | | |
| 10 | MAR 6 | | | | |
| 11 | 13 | | | | |
| 12 | 20 | | | | |
| 13 | 27 | | | | |
| 14 | APR 3 | | | | |
| 15 | 10 | | | | |
| 16 | 17 | | | | |
| 17 | 24 | | | | |
| 18 | MAY 1 | | | | |
| 19 | 8 | | | | |
| 20 | 15 | | | | |
| 21 | 22 | | | | |
| 22 | 29 | | | | |
| 23 | JUNE 5 | | | | |
| 24 | 12 | | | | |
| 25 | 19 | | | | |
| 26 | 26 | | | | |
| 27 | JULY 3 | | | | |
| 28 | 10 | | | | |
| 29 | 17 | | | | |
| 30 | 24 | | | | |
| 31 | 31 | | | | |
| 32 | AUG 7 | | | | |
| 33 | 14 | | | | |
| 34 | 21 | | | | |
| 35 | 28 | | | | |
| 36 | SEPT 4 | | | | |
| 37 | 11 | | | | |
| 38 | 18 | | | | |
| 39 | 25 | | | | |
| 40 | OCT 2 | | | | |
| 41 | 9 | | | | |
| 42 | 16 | | | | |
| 43 | 23 | | | | |
| 44 | 30 | | | | |
| 45 | NOV 6 | | | | |
| 46 | 13 | | | | |
| 47 | 20 | | | | |
| 48 | 27 | | | | |
| 49 | DEC 4 | | | | |
| 50 | 11 | | | | |
| 51 | 18 | | | | |
| 52 | 25 | | | | |

17. INSTRUCTIONS FOR COMPLETING THE EMPLOYMENT TABLE AT LEFT FOR 2004.

- a. Complete all columns in the table at left through the most recent week of 2004 employment.
- b. The employee count in COLUMN (1) should include every person who performed some agricultural service for pay in the week. Include part-time employees, paid and unpaid corporation officers. Do not include sole owner or partners.
- c. The count in COLUMN (2) should include employees whose only work in that week was excluded employment. The following types of exclusions are permitted. Check (X) type(s) claimed.
- ☐ A sole proprietor's father, mother, spouse, or any of his/her children under the age of 18. Identify those claimed:
- ☐ Father ☐ Mother ☐ Spouse
- ☐ Child under 18 - Give Birthdate _____
- ☐ Child under 18 - Give Birthdate _____
- ☐ Child under 18 - Give Birthdate _____
- ☐ Unpaid corporate officers
- d. After completing columns (1) and (2), subtract column (2) from column (1) for each week to arrive at a total for column (3). Using COLUMN (3) figures, check (X) in COLUMN (4) each week where ten or more individuals were employed for any part of one or more days in that week.

18. Complete the following record of your quarterly agricultural payroll in Wisconsin. Show gross cash wages paid in each calendar quarter. Do not include wages for employees shown as excluded in column (2) on the employment table at left.

| YEAR | 1st QTR. JAN-MAR | 2nd QTR. APR-JUNE | 3rd QTR. JULY-SEPT | 4th QTR. OCT-DEC |
|------|---------------------|----------------------|-----------------------|---------------------|
| 2002 | | | | |
| 2003 | | | | |
| 2004 | | | | |

19. Do you have employment outside of Wisconsin? ☐ Yes ☐ No
- If yes, give number of those employees: _____
20. Are you liable for Federal Unemployment Tax on your agricultural payroll for the calendar years: 2002 ☐ Yes ☐ No
- 2003 ☐ Yes ☐ No
- 2004 ☐ Yes ☐ No
21. Indicate whether you had 20 weeks in which at least 10 employees worked full or part-time on one or more days in agricultural labor (not counting employees working in excluded employment). If you answer yes, give the date the 20th week ended.
- 2002 ☐ Yes ☐ No
- If yes, date: _____
- 2003 ☐ Yes ☐ No
- If yes, date: _____
- 2004 ☐ Yes ☐ No
- If yes, date: _____

Section 108.24(2) provides for fines and/or imprisonment for making known false statements on this report or for refusing to submit the completed report to this office. Your signature below indicates the report is true and complete to the best of your knowledge and belief.

| | |
|-----------|-------------|
| Signature | Date Signed |
|-----------|-------------|

**Unemployment Insurance Coverage
for Agricultural Workers**

The Wisconsin Unemployment Insurance Law (Chapter 108, Wisconsin Statutes) requires the coverage of certain employers of agricultural labor.

108.02(2) Agricultural Labor. "Agricultural Labor" means service performed:

- (a) On a farm, in the employ of any person, in connection with cultivating the soil, or in connection with raising or harvesting any agricultural or horticultural commodity, including the raising, shearing, feeding, caring for, training and management of livestock, bees, poultry, and fur-bearing animals and wildlife.
- (b) In the employ of the owner or tenant or other operator of a farm, in connection with the operation, management, conservation, improvement, or maintenance of such farm and its tools and equipment, or in salvaging timber or clearing land of brush and other debris left by a hurricane, if the major part of such service is performed on a farm.
- (c) In connection with the production or harvesting of any commodity defined as an agricultural commodity in S. 15(g) of the Federal Agricultural Marketing Act, as amended (46 Stat. 1550, s.3; 12 U.S.C. 1141j) or in connection with the ginning of cotton, or in connection with the operation or maintenance of ditches, canals, reservoirs, or waterways, not owned or operated for profit, used exclusively for supplying and storing water for farming purposes.
- (d) In the employ of the operator of a farm in handling, planting, drying, packing, packaging, processing, freezing, grading, storing, or delivering to storage or to market or to a carrier for transportation to market, in its unmanufactured state, any agricultural or horticultural commodity; but only if such operator produced more than one-half of the commodity with respect to which such service is performed.
- (dm) In the employ of a group of operators of farms (or a cooperative organization of which such operators are members) in the performance of service described in par. (d), but only if such operators produced more than one-half of the commodity with respect to which such service is performed.
- (dn) The provisions of pars. (d) and (dm) shall not be deemed to be applicable with respect to service performed in connection with commercial canning or commercial freezing or in connection with any agricultural or horticultural commodity after its delivery to a terminal market for distribution for consumption.
- (e) As used in this subsection, the term "farm" includes stock, dairy, poultry, fruit, fur-bearing animals and truck farms, plantations, ranches, nurseries, ranges, greenhouses or other similar structures used primarily for the raising of agricultural or horticultural commodities, and orchards.

If you have had sufficient agricultural employment (10 employees on a day in 20 different weeks of the year) or a sufficient agricultural payroll (\$20,000 in cash wages in any calendar quarter) in either the current calendar year or the last calendar year, your tax liability would be retroactive to January 1 of the year in which the condition occurred.

The applicable tax rate is assessed on the first \$10,500 in "wages" paid each employee within a calendar year. The new employer tax rate for 2004 is 3.05%.

If you have any further questions regarding your status under the Wisconsin U.I. Law, do not hesitate to write: P.O. Box 7942, Madison, Wisconsin 53707-7942; telephone: (608) 261-6700 or FAX (608) 267-1400.